

TABLE 3

	Employee Participation			Opt Out	Out Of Network Care		Quality Assurance		
Organization	Voluntary	Incentives	Barriers		Circumstances	Prevention	Protocols	Medical Director(s)	Accreditation
NY State Dept. of Health	No	N/A	N/A	Per State law, after 30 days. In reality, anytime.	Anytime, because there are no penalties.	Payor may not reimburse OON provider.	Developed and purchased.	Board certified medical director at each MCO.	None
The Electrical Employees Self-Insurance Safety Plan	Yes (by majority vote).	- easier access to care - more providers - same provider for workplace and general health care - alternative DRP	None	No opt out.	If emergency or if the nurse advocate agrees that appropriate treatment is not available in the geographic area.	OON care not covered (unless it's a first visit or it saves money).	Jointly developed by EESISIP and Magna Care (the PPO).	A board certified internist.	Not sure which.
UNITE	Yes	- outside this program, difficult to find providers who will treat - assistance with claims filing and accessing social services - multi-lingual staff & translators	daytime hours only	N/A	Anytime, as long as they can find providers willing to treat. New York an employee choice state; but most cases are contested; authorization for treatment not received until case adjudicated, typically one to three years later.	N/A	Being developed for the state-wide network of occupational health clinics.	Board certified OM medical director at Mt. Sinai Center for Occupational and Environmental Medicine.	Mt. Sinai is JCAHO accredited and UHC has a quality assurance program patterned after JCAHO requirements.
Kentucky Department of Workers' Claims	No	N/A	N/A	They cannot opt out.	- If treatment began before employer enrolled in MC program. - An IW can see the physician who provided emergent care. - Plan gatekeeper can refer to OON specialist. - For surgery, they can get second opinion from OON providers.	The IWs are responsible for the bill for OON care (unless it's the first visit). To encourage the employer and employee education, the State may revoke MCO certification if OON care becomes a problem.	All plans use treatment protocols, but use varies by plan. Common ones are M&R and InterQual.	Licensed physicians in the state of KY (who oversee credentialing and utilization review).	Not required.

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Work Comp Network (WCN)	No	N/A	N/A	None	- In an emergency, IWs can continue to see the physician they saw for the emergency (if she/he abides by WCN's rules and refers only to network providers). - If type of care needed is not available in the service area. - If gatekeeper refers to a non-network provider (with approval from WCN).	Employees told that OON care may not be covered, and they will be responsible for the bill. WCN encourages payors not to reimburse OON care.	Use a variety of protocols (including M&R, InterQual, and "Disability Advisor"). Use State parameters for treating back pain.	On contract. He's Board certified in emergency and aerospace medicine, and has practiced as an OM physician.	Certified by the State. Physician credentialing standards modeled after NCQA's (although less stringent).
HealthSouth Corporation	No. In CA, employers direct care for the first 30 days.	Excellent service	None	In CA, IWs can leave after the 30 days.	Not in CA, during the first 30 days.	N/A			
Health Insurance Plan of New York (HIPNY)	Yes. (If company is unionized, issue of care direction is decided through collective bargaining agreement.)	- A user-friendly system, including worksite trainings on how to use the system.	- Unions do not like WC product - Some employees may prefer the current (litigious) system.	After the first 30 days after the injury.	Cannot see OON providers while in the program. (IW's can get second opinions <i>within</i> the HIPNY network.)	They use a positive approach of <i>encouraging</i> IWs to go to HIPNY providers.	Quality First from Institute for Quality Health Care in MN. Not rigid rules, guide the provider's care and are used to create treatment plans.	The HIPNY medical director is a surgeon with an OM background.	NCQA accredited.

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Workers' Compensation Community Care Network (CCN)	Varies by state.	None	None	Varies by state.	In California, after 30 days of employer control, many IWs seek care from their provider of choice.	They do not discourage leaving the network.	Physicians can treat as they choose until it is "grossly inappropriate" or "ineffective." Then they turn to treatment protocols -- a combination of M&R and others.	The CCN medical director is a board certified OM physician.	URAC
Liberty Northwest, Health Plus	No	N/A	N/A	None	- If IW has a relationship with a provider who agrees to abide by MCO rules. - If IW lives far from a network provider. - If needed services cannot be provided in-network. - If claim has not yet been accepted (they can be accepted up to 90 days after the injury).	If an employee gets treatment outside the network after being notified according the State rules, s/he may have to pay for the care.	They have treatment guidelines from a variety of sources -- some purchased (e.g., M&R) and some developed.	The medical director is board certified in emergency medicine and has experience with the OR workers' compensation division.	None
CorVel Corporation	Varies by state.	In states with choice: - Some CorVel customers increase wages if they go to a network provider. - Providers are near workplaces. - Providers are reliable and easy to access. - Toll free number to channel IWs. - Providers are credentialed.	- IWs prefer to see a known provider. - Perception of a "company doctor." - Some IWs do not know they are supposed to go to network providers. - A small percentage of IWs want to defraud the system.	Varies by state.	Varies by state. In states where IWs do not have a choice, they get care from OON providers if there is no in-network geographic coverage in needed medical specialty. In all states, in the case of an emergency, IWs can go to the closest emergency room, occupational health center, or urgent care facility.	In some states, benefits are reduced or ceased completely if an IW goes OON.	CorVel has developed their own treatment protocols, which they use in combination with nationally accepted protocols.	Board certified orthopedic surgeon.	URAC

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PhyCor	N/A	N/A	N/A	N/A	N/A	N/A	Eight clinics use the new guidelines being developed by COEM. All physician groups are encouraged to use them.	One-third of clinics have board certified occupational medicine medical directors.	They are looking into accreditation. Some of the clinics have pursued it on their own.
Intracorp	Varies by state, program, and customer.	Intracorp offers none, but some of the employers offer incentives as part of their overall safety programs.	In rural areas, convenience is not very good because occ health clinics tend to be set up where employers are clustered.	Varies by state.	Varies by state. In Florida, IWs pay out-of-pocket for OON care.	N/A	Have over 400 treatment protocols, combination of purchased and developed guidelines. They added protocols about disability management.	Board certified in occupational and internal medicine.	URAC and follow many of the NCQA standards in its OHP program. Mosaic Network meets states' and employers' regulations.
Healthcare First	Not voluntary for the first visit.	None (but most stay with Healthcare First after the first visit).	<ul style="list-style-type: none"> - Providers may be perceived as representatives of the company. - IWs have a relationship with another provider. - IWs may have an agenda other than to recover and RTW. 	After the first visit, IWs can go anywhere they want.	N/A	Do not proactively prevent IWs from going out of network. Encourage them to go to a Healthcare First provider.	They use protocols from the state of MA, as well as those from InterQual.	Board certified hand surgeon. In 2 of the 6 states in which they operate, in-state medical director is a board certified occupational medicine physician.	Not NCQA accredited yet.

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Kaiser Permanente, Northern California Region	Yes. California is an employee choice state.	- Employees have group health benefits through Kaiser. - Incentive is quality care.	Some employers don't want to coordinate care with providers.	- Before injury through written notice to employer. - After first 30 days of treatment.	See "Opt Out."	N/A	Developed evidence-based protocols.	Board certified in OM.	NCQA accreditation in process.
Blue Cross of California	No	N/A	N/A	- Before injury by designating choice of provider when hired. - After first 30 days of treatment. (Up to a year if employer participates in an HCO).	Anytime. It's up to employers to direct employees. Blue Cross will work with outside providers as long as care is appropriate and treatment is progressing.	Encourage employees to stay in network based on confidence in providers. No financial disincentives.	- Varies among providers; some use their own and some use national guidelines. - case managers use Quality First diagnosis-driven guidelines.	Board certified in OM and ER.	Expecting URAC accreditation of medical management program in 1997.
California Department of Industrial Relations	Yes	None known.	- Reservations about managed care. - Distrust of employer. - Restricted choice of provider.	Before injury, by pre-designating a personal physician. - After a specified number of days, which varies depending on the contract.	Upon referral if medically necessary services aren't accessible within network.	-Educate workers on where to go for care. - Worker may be liable for bills.	Varies among MCOs.	- Some MCO med directors are board certified in OM; others have QA, UR expertise. - Each MCO must have at least one board certified OM physician on staff or contract	Only State licensure required.

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Johns Hopkins University	Yes	Program reputation for high quality, respectful treatment.	None.	N/A	Any time, but few employees go outside.	N/A	Developed in-house.	Board certified in occupational medicine.	JCAHO
Duke University, Division of Occupational Medicine	Not usually. NC is employer choice state but 50% don't direct care.	N/A	Inconvenient, limited clinic hours.	Difficult after first visit but can be done through referrals or IW can petition the State.	N/A	N/A	None.	Board certified in occupational medicine.	Program is NIOSH accredited and hospital is JCAHO accredited.
Colorado Compensation Insurance Authority	Not if employee designates SelectNet before/at time of injury.	N/A	N/A	Never, but they can request a change of provider.	- Emergency care. - Upon referral by network providers, if that is the most appropriate treatment decision.	N/A. OON has not been a problem.	- State promulgated. - Purchased from Quality First.	Neurologist.	Follow NCQA guidelines but not NCQA accredited.
Concentra Medical Centers (CMC)	Yes. AZ is worker choice state.	Convenient, high quality care and friendly service.	Some may view CMC as "company doctor."	Request a change of provider from the Industrial Commission.	For specialty care if: -IW's WC payer has its own spec. network; IW's payer covers self-referral.	N/A. OON has not been a problem.	Developed by OccuSystems	Board certified in occupational medicine.	Follow many NCQA guidelines, though not NCQA accredited.
Ohio Bureau of Workers' Compensation	No. State-fund IWs participate. Self-insured employees must participate w/employers	N/A	N/A	None.	- Emergency care. - If treatment began before the effective legislation (10/93)	Too soon to tell if OON will be a problem. MCO's responsible for re-directing OON.	National, e.g., Milliman & Robertson.	MCO medical directors are not necessarily board certified in OM.	Some MCOs are NCQA accredited.

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Minnesota Department of Labor & Industry	No	N/A	N/A	No	- If care not geographically convenient. - If IW has established relationship with non-network provider.	- IWs assisted in finding provider. - IWs may not be covered if go OON.	State WC treatment parameter; MCOs may supplement these.	Need not be OM physicians but must have WC experience and fulfill annual CE requirements in WC.	HMOs are licensed. PPOs are registered. No other accreditation required.
Humana Corporation	No. Florida employees must use MCOs for WC.	N/A	N/A	Only if they show that the network did not provide appropriate or accessible care.	- If patients will be served better OON.	- OON hasn't been a big issue. - Relay commitment to quality. - IW not covered OON.	Milliman & Robertson	5 medical directors, none certified in OM.	NCQA
Milliman & Robertson	N/A	- Employers should choose incentives. - Quality reputation will draw employees. - Workers must see clinic as ally, not agent of employer.	N/A	N/A	There are some problems with OON care, but most employers accept it, rather than trying to discourage it.	Make the clinic attractive and provide good care.	Developed by orthopedic surgeon and fp physician to assist providers with targets based on effective practices.	Board certification is very important, but having a medical director who understands the WC system is even more important.	N/A
Center to Protect Workers' Rights	Choice is important.	Workers should share in savings gleaned from programs using limited panel.	Most systems are imposed on workers and not developed with their input.	N/A	Workers should be able to go OON with limits.	N/A	Protocols aren't really effective because there is a lot of inter-case variation; subjective judgment is needed for decision making.	N/A	N/A
Nat. AFL-CIO	Choice is critical.	N/A	N/A	N/A	Limitations should be chosen by workers.	N/A	N/A	N/A	N/A